

**YOUTH TRANSITION PROGRAM
TRAVEL/HOME ON LEAVE REQUEST**

YOUTH NAME: _____ DATE OF REQUEST: _____

I request permission to go to the following destination:

Street Address

☐ Check if visit within Great Falls

City, State

Telephone Number

Name of person to be visited: (PERSON RESPONSIBLE DURING VISIT)

Name

Relationship

Dates of trip: From _____ To _____

Reason for Request:

(Please state reason for request, and why you believe that your request should be granted.)

Office Use:

Date Parole Officer Notified _____

GRANTED

DENIED

Program Administration